



Illinois Department of Public Aid

201 South Grand Avenue East
Springfield, Illinois 62763-0001

Rod R. Blagojevich, Governor
Barry S. Maram, Director

Telephone: 217-782-0545
TTY: 800-526-5812

September 24, 2004

Action Notice

TO: Supportive Living Facilities

RE: Procedures for the Administration of Influenza Vaccine
Pneumococcal Vaccine

In recognition that residents in supportive living facilities are considered to be high risk because of their age, health problems and living arrangements, the Department will provide supportive living facilities with influenza vaccine (2004-2005 formula, current strain). Supportive living facilities must secure physician's orders for the administration of the vaccine. In reviewing the health care needs of a supportive living facility resident, the attending physician may decide that pneumococcal vaccine is indicated in addition to the influenza vaccine. The pneumococcal vaccine is available from and should be billed by the supplying pharmacy.

For convenience in administering the influenza vaccine, disposable syringes and needles will be included in the vaccine shipment. Based on the number of Medicaid clients in your facility, necessary quantities of the vaccine will be shipped, via United Parcel Service, beginning in October, to each supportive living facility for administration by facility staff. **Upon receipt of the shipment of the vaccine, refrigeration is necessary to insure its stability.**

A monitoring process is necessary to ensure compliance with federal rules that require the Department to claim federal funding for only vaccine administered to Medicaid residents. Specific procedures to document who receives the vaccine, along with your facility resident administration log, will be included with the vaccine shipment. Attached is an example of the resident administration log. The log you will receive with your vaccine will reflect your facility name, provider number and each Medicaid resident's name and recipient identification number (RIN) within your facility. Providers must ensure that the procedures are followed and can be verified by Bureau of Long Term Care field staff performing a post administration review.

Should there be any vaccine remaining after being administered to all current Medicaid residents on the log and those recently transitioned to Medicaid but not on the log, it may be administered to other residents needing it as the Department encourages immunization of all residents. For any residents who receive the vaccine whose names must be added to the log, the facility must make it clear in the RIN field that the resident is enrolled in Medicaid (insert RIN in RIN field), Medicaid pending or not enrolled in Medicaid.

Your cooperation in making this cost-effective, preventive care available to long term care residents is appreciated.

Questions should be directed to the Bureau of Long Term Care at 217-782-0545.

Anne Marie Murphy, Administrator
Division of Medical Programs

Illinois Department of Public Aid
Bureau of Long Term Care
Medicaid Resident Vaccine Administrative Record

Last	First	RIN	Date	Initials
Doe	Jane01	345678912	___/___/ 2004	_____
Doe	Jane02	345678912	___/___/ 2004	_____
Doe	Jane03	456789123	___/___/ 2004	_____
Doe	Jane04	567891234	___/___/ 2004	_____
Doe	Jane05	678912345	___/___/ 2004	_____
Doe	Jane06	789123456	___/___/ 2004	_____
Doe	<div>SAMPLE</div>			
Doe				
Doe				
Doe				
Doe				
Doe	Jane12	512346789	___/___/ 2004	_____
Doe	Jane13	612345789	___/___/ 2004	_____
Doe	John01	123456789	___/___/ 2004	_____
Doe	John02	234567891	___/___/ 2004	_____
Doe	John03	912345678	___/___/ 2004	_____
Doe	John04	112345678	___/___/ 2004	_____
Doe	John05	223456789	___/___/ 2004	_____
Doe	John06	712345689	___/___/ 2004	_____
Doe	John07	812345679	___/___/ 2004	_____

Number of Residents in your Supportive Living Facility: 20

I, _____, representing said facility, hereby certify the 2004-2005 shipment of influenza vaccine, provided by the Illinois Department of Public Aid, has been administered to the Medicaid eligible residents listed in this document.

Manager

Date

Region: XX, Regional Supervisor's Name
ID: 000000000012

Facility: Your Supportive Living Facility

**Illinois Department of Public Aid
Bureau of Long Term Care**

Additional Residents not Listed on the Medicaid Resident Vaccine Administrative Record

[illegible]